

EXHIBIT 1

Bel Air, Maryland 21014-3544

Company: Firstline National Insurance Company**Policy Number:** 8192011 **Renewal of:** 8185864**BUSINESSOWNERS DECLARATIONS****Named Insured and Mailing Address**

HUMANS & RESOURCES, LLC
T/A CADENCE
161 W GIRARD AVENUE
PHILADELPHIA, PA 19123

Agency Name and Address

4327-BAS MONTGOMERY INS. SERVICES, INC.
330 W. STATE STREET
MEDIA, PA 19063
(610) 565-8280

Policy Period: From 01/01/2020 to 01/01/2021 at 12:01 A.M. Standard Time at your mailing address shown above.**In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

BUSINESS DESCRIPTION: RESTAURANT
FORM OF BUSINESS: Limited Liability Company

SECTION I - PROPERTY**PREMISES INFORMATION:** PREMISES 1, BUILDING 1

PREMISES ADDRESS:
161 W GIRARD AVE
PHILADELPHIA, PA 19123
COUNTY: PHILADELPHIA

Construction: Joisted Masonry
Protection Class: 1

Occupancy: Restaurant

PROPERTY COVERAGES: (\$1,000 property deductible per occurrence) **LIMIT OF INSURANCE**
BUSINESS PERSONAL PROPERTY - Seasonal Increase 25%.....\$ 100,000
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)
MONEY & SECURITIES - Maximum Inside the Premises Limit.....\$ 10,000
- Maximum Outside the Premises Limit.....\$ 10,000

LIABILITY AND MEDICAL EXPENSES: See Liability and Medical Expenses Schedule-----
FORMS AND ENDORSEMENTS: See Form Schedule-----
PREMIUM: Annual Premium: \$5,790-----
BREILLY

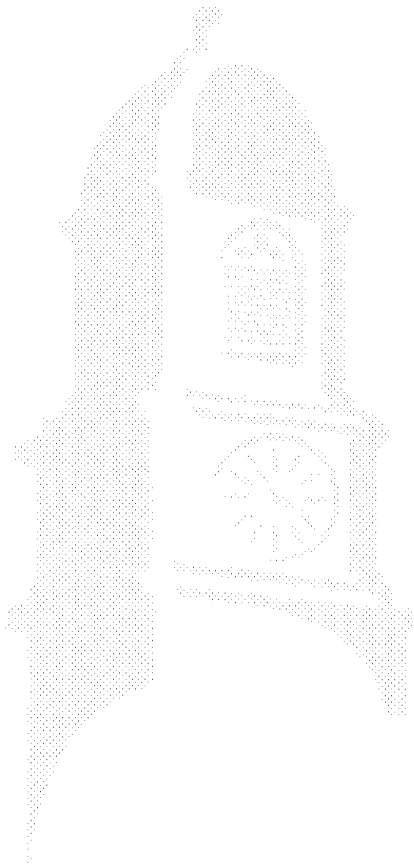
 LIABILITY AND MEDICAL EXPENSES SCHEDULE

 SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

LIABILITY COVERAGE*	LIMIT OF INSURANCE
Liability and Medical Expenses (Per Occurrence).....	\$1,000,000
Medical Expenses (Per Person).....	\$ 5,000
Damage to Premises Rented to You (Any One Premises).....	\$ 50,000
Other Than Products/Completed Operations Aggregate.....	\$2,000,000
Products/Completed Operations Aggregate.....	\$2,000,000

*Optional Property Damage Liability Deductible May Apply. Refer to Forms Schedule for Deductible Information (If Applicable).



 IMPORTANT NOTICES TO POLICYHOLDERS

BP0571 (0115) DISCLOSURE OF PREMIUM & ESTIMATED PREMIUM/CERTIFIED ACTS OF TERRORISM
 (A) PREMIUM THROUGH 12/31/2020 \$71
 (B) ESTIMATED PREMIUM BEYOND 12/31/2020 \$-0
 Federal share of terrorism losses 80% Year 2020 and after.

BPMS004 (1017) BUSINESSOWNERS AUDIT NONCOMPLIANCE FACTOR ADVISORY NOTICE
 BPMS007 (0120) NOTICE TO POLICYHOLDERS-POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE
 BPMS12-1 BUSINESSOWNERS EQUIPMENT BREAKDOWN
 ILS001 (0117) FLOOD INSURANCE NOTICE
 ILS003 (0115) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
 ILS013 (0417) POLICYHOLDER NOTICE REGARDING CYBER LIABILITY COVERAGE
 ILS014 (0416) NOTICE REGARDING CLAIMS-MADE COVERAGE ON YOUR POLICY
 ILS015 (0417) POLICYHOLDER NOTICE REGARDING EMPLOYMENT PRACTICES LIABILITY COVERAGE
 ILS016 (1015) CUSTOMER PRIVACY POLICY
 ILS018 (0718) IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING AND POLICY FEES
 ILS019 (1119) UNDERSTANDING THE AUDIT PROCESS COULD SAVE YOU MONEY
 ILS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC
 ILS11-1 (0411) PROTECTIVE SAFEGUARD ENDORSEMENT ADVISORY NOTICE
 ILS93-1 (0908) LEAD LIABILITY EXCLUSION
 ILN088 (0903) PENNSYLVANIA FRAUD STATEMENT

 FORM SCHEDULE

 FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

BP0003 (0713) BUSINESSOWNERS COVERAGE FORM
 BP0142 (0315) PENNSYLVANIA CHANGES
 BP0191 (0702) PENNSYLVANIA NOTICE
 BP0501 (0702) CALCULATION OF PREMIUM
 BP0517 (0106) EXCLUSION - SILICA OR SILICA-RELATED DUST
 BP0523 (0115) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
 BP0538 (0115) EXCLUSION-OTHER ACTS OF TERRORISM; CAP ON CERTIFIED ACTS OF TERRORISM
 BP0542 (0115) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
 BP0564 (0115) CONDITIONAL EXCLUSION OF TERRORISM
 FIRE EXCEPTION STATES: GA, NC, NJ & VA

BP0577 (0106) FUNGI OR BACTERIA EXCLUSION (LIABILITY)
 BP0598 (0713) AMENDMENT OF INSURED CONTRACT DEFINITION
 BP1504 (0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION
 BPHG10 (0910) EXCLUSION - LEAD CONTAMINATION
 BPHG25 (0517) AUDIT NONCOMPLIANCE FACTOR ENDORSEMENT
 BPHG51 (0105) ASBESTOS EXCLUSION ENDORSEMENT
 BPHG58 (0908) TOBACCO HEALTH HAZARD EXCLUSION
 BPHG64 (0713) GREEN ENVIRONMENTAL AND EFFICIENCY IMPROVEMENTS
 BPHG79 (0713) EXCLUSION-LOSS DUE TO BY-PRODUCTS OF PRODUCTION/PROCESSING OPERATIONS
 BPHG93 (0618) PENNSYLVANIA CHANGES
 BPHG97 (0517) EXCLUSION-UNMANNED AIRCRAFT
 BPIN01 (0713) BUSINESSOWNERS COVERAGE FORM INDEX
 BP0404 (0110) HIRED AUTO AND NON-OWNED AUTO LIABILITY.....224.00
 Coverage: Hired Auto Liab. & Non-Owned Auto Liab.

BP0430 (0713) PROTECTIVE SAFEGUARDS
 Symbols Applicable: P-5
 Premises 1, Building 1

BP0448 (0713) ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION.....24.00
 Designated Person: FANTANTA

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 Designated Person: METRO CORP DBA PHILADELPHIA MAGAZINE
 Organization: AND DJF GROUP, INC

BP0456 (0713) UTILITY SERVICES - DIRECT DAMAGE.....36.00
 Type: Public
 Water Supply: Included
 Communication Supply: Not Included
 Power Supply: Included
 Overhead Power: Included
 Overhead Communication: Not Included
 Covered Property: Personal Property Only
 Limit: \$10,000
 Premises 1, Building 1

BP0457 (0713) UTILITY SERVICES - TIME ELEMENT.....82.00
 Water Supply: Included
 Communication Supply: Included
 Power Supply: Included
 Overhead Power: Included
 Overhead Communication: Included
 Utility Service Limit: \$10,000
 Wastewater Removal: Not Included
 Premises 1, Building 1

BP0497 (0106) WAIVER - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
 Name: SEE BE-24

BP1203 (0110) LOSS PAYABLE CLAUSES
 Applicable Clause: A
 Loss Payee Name: FANTANTA
 Loss Payee Address: 30 N. SECOND STREET
 City, St., Zip: PHILADELPHIA, PA 19122
 Premises 1, Building 1

BP1231 (0110) ADDITIONAL INSURED - BUILDING OWNER
 Building Description: RESTAURANT
 Building Owner Name: TBA
 Building Owner Address: 161 W GIRARD AVE., PHILADELPHIA, PA 19123
 Premises 1, Building 1

BP1488 (0713) PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

BP1489 (0713) LIQUOR LIABILITY COV-BRING YOUR OWN ALCOHOL ESTABLISHMENTS (MP)438.00
 Aggregate/Ea. Cause Limit: \$1,000,000

BPHG40 (1017) EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT.....101.00

BPHG60 (0713) BUSINESSOWNERS IMPROVED VALUE ENDORSEMENT PLUS.....336.00

BPHG80 (0618) EMPLOYMENT-RELATED PRACTICES LIABILITY ENDORSEMENT.....370.00
 *****THIS COVERAGE IS CLAIMS MADE, READ YOUR POLICY CAREFULLY*****
 *****DEFENSE COSTS ARE WITHIN POLICY LIMITS*****
 Each Claim Limit: \$100,000
 Aggregate Limit: \$100,000
 Deductible Each Claim: \$5,000 Each Claim
 Retroactive Date: 01/01/2018

ILHG06 (0814) EARLIER NOTICE OF CANCELLATION - SCHEDULED PERSON OR ORG
 Name of Person: METRO CORP DBA PHILADELPHIA MAGAZINE &
 Name of Organization: DJF GROUP, INC.
 Mailing Address: 601 WALNUT STREET SUITE 200 EAST
 : PHILADELPHIA, PA 19106
 # of Days Advance Notice: 30

ILHG07 (0416) CYBER LIABILITY ENDORSEMENT CLAIMS-MADE & REPORTED COVERAGE....115.00
 *****THIS COVERAGE IS CLAIMS MADE, READ YOUR POLICY CAREFULLY*****
 *****DEFENSE COSTS ARE WITHIN POLICY LIMITS*****

(4) POLICY: 8192011 2019/10/01-1.00(37)
 ISSUE DATE: 11/18/2019 #1

Retroactive Date: 01/01/2018

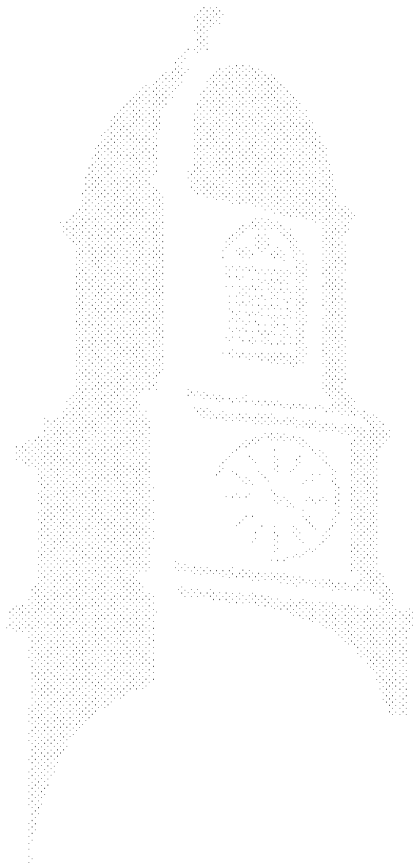
BE-24 (0196) WAIVER - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

COVERAGE EXTENSIONS AND/OR MISCELLANEOUS CHARGES

CUSTOMER SEATING.....360.00
Premises 1, Building 1

OTHER CHARGES APPLIED TO THIS POLICY

Terrorism Risk Insurance Program Reauthorization Act of 2015 - Certified Acts -
Premium Charged.....71.00



Company: Firstline National Insurance Company

Bel Air, Maryland 21014-3544

Policy Number: 8192011 **Renewal of:** 8185864

Named Insured and Mailing Address

HUMANS & RESOURCES, LLC
T/A CADENCE
161 W GIRARD AVENUE
PHILADELPHIA, PA 19123

Agency Name and Address

4327-BAS MONTGOMERY INS. SERVICES, INC.
330 W. STATE STREET
MEDIA, PA 19063
(610) 565-8280

Policy Period: From 01/01/2020 to 01/01/2021 at 12:01 A.M. Standard Time at your mailing address shown above.

In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Waiver - Transfer of Rights of Recovery Against Others

Form Number: BE-24

METRO CORP DBA PHILADELPHIA MAGAZINE & DJF GROUP, INC.